

IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee payable to : Board of County Commissioners.

FEES:

Subdivision Control-----\$1,872.00
D.E.R.M.-----\$ 210.00
Sub-Total---\$2,082.00

FOR OFFICIAL USE ONLY:

Date Received: _____

Agenda Date: _____

Concurrency Review Fee(*6.00% of Sub-Total)\$
*Not applicable within municipalities

Total Processing Fee-----\$

Division No. D-_____

APPLICATION FOR DIVISION OF LAND WITHOUT PLAT

Municipality _____ Sec. _____ Twp. _____ S. Rge. _____ E.

1. Owner's Name: _____ Phone() _____

Address _____ City _____ State _____ Zip Code _____

2. Surveyor'Name: _____ Phone() _____

Address _____ City _____ State _____ Zip Code _____

3. Legal description of Cutout Parcel(s) _____

4. Legal Description of Parent Tract Folio No. ____ - ____ - ____ - ____

5. Street boundaries: _____

6. Present Zoning: _____

7. Proposed use of Property: Single Family Res.(_____ Units), Duplex(_____ Units),
Apartments(_____ Units), Industrial/Warehouse(_____ Sq.Ft.), Business(_____ Sq. Ft.),
Office(_____ Sq. Ft.), Restaurant(_____ Sq.Ft. & No. Seats _____),
Other(_____ Sq. Ft. & No. of Units _____)

NOTE: List all plat restrictions zoning conditions or any other declaration, restriction, condition etc. that might affect this division of land.

I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 3 and that the information contained in this application is true and correct to the best of my knowledge and belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to furnish additional items as may be necessary such as abstract or opinion of title to determine accurate ownership information.

Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development.

STATE OF FLORIDA)

SS:

Signature of Owner: _____

COUNTY OF MIAMI-DADE)

(Print name & Title here): _____

BEFORE ME, personally appeared _____ this ____ day of _____, ____ A.D. and (he/she) acknowledged to and before me that (he/she) executed the same for the purposed therein. Personally known ____ or produce _____ as identification and who did (not) take an oath.

WITNESS my hand and seal in the County and State last aforesaid this ____ day of _____, ____ A.D.

Signature of Notary Public: _____

(Print, Type name here: _____)

(NOTARY SEAL)

(Commission Expires)

(Commission Number)

Note: The reverse side of this sheet may be used for a statement of additional items you may wish considered.